THE

MEDICAL AND SURGICAL REPORTER.

No. 798.] PHILADELPHIA, JUNE 15, 1872. [Vol. XXVI.—No. 24.

Original Department.

Communications.

AN EXAMINATION OF PROF. REESE'S "REVIEW OF THE TRIAL OF MRS. WHARTON FOR THE MURDER OF GENERAL KETCHUM."

By Philip C. Williams, M. D.,
Of Baltimore, Md.

(*Concluded from No. 797.*)

The only question that now remains is whether General Ketchum did get a fatal dose of tartar emetic. The State charged that he did, and produced Professors Aikin and Toury, of Baltimore, and Dr. Craig, of Washington, to show that tartar emetic was found in the stomach and viscera of General Ketchum. Professor Aikin's analysis was corroborated by Professor Toury, and both were sustained by Dr. Craig.

I have not time to go *fully* into this chemical testimony, but will examine it briefly, and show that Professors Aikin and Toury did discover tartar emetic in the stomach and viscera of General Ketchum.

To combat this fact the defence introduced various chemical experts to prove that Professor Aikin's and Professor Toury's analysis was so defective that it could not be relied upon. For this purpose they introduced Professors McCulloch, Reese and White, and Dr. Genth. As said above I have not the space to go as fully into this subject as I would like to do, and as the interests of science and truth demand that I should do. First let us look very briefly and practically at the testimony of Professor Aikin. He took the contents of General Ketchum's stomach, and examined them first for strychnia, and found none. Then he divided his material into two parts, A and B. He examined A for *arsenic*, and after investigation satisfied himself that there was no serious amount of arsenic present. He then took part B, and after investigation satisfied himself that it contained tartar emetic. He then examined the glass of milk punch and discovered tartar emetic in that also.

Without going into all the details of his analysis I will call attention to the principal mode of analysis pursued by Professor Aikin, which was corroborated by Professor Toury and Dr. Craig. The *quantity* of tartar emetic is so unimportant that I do not intend to examine the question of *weights* and *measures* which consumed so much time during the trial. The only question which I mean to examine, and the only one relevant to the issue, is whether Professors Aikin and Toury discovered tartar emetic in the stomach and viscera of General Ketchum? Professor Aikin took portion B. He added to it an excess of tartaric acid, and then passed through it a stream of sulphuretted hydrogen. This obtained "a reddish-brown precipitate." This precipitate was washed and dried, and then *boiled* in hydrochloric acid, which dissolved it, and made an *acid solution* of it. This solution was dropped in water, and yielded a *white cloud*, or precipitate. This *cloud* was *dissolved* in *tartaric acid*. The solution of this *white cloud* was then treated with sulphide of ammonium, and *immediately threw down a bright orange red precipitate*. This Professor Aikin regarded as satisfactory proof of the presence of antimony.

The same process was applied to the sediment contained in the tumbler of punch intended for Mr. Van Ness, and *the result was the same. In both Professor Aikin found tartar emetic.* These results were fully corroborated by Professor Toury, in his analysis of the viscera of General Ketchum. Professor Toury applied *Marsh's test*, in addition to the method employed by Professor Aikin. With these two methods he satisfied himself of the presence of tartar emetic. Dr. Craig corroborated these analyses, and stated that *nothing but antimony* could have produced the results obtained by Professors Aikin and Toury, in the order in which they accomplished them!

To combat these views were introduced, as already said, Professors McCulloch, Reese, and White, and Dr. Genth. These gentlemen all maintained that Professor Aikin's process was "radically defective," and "utterly fallacious," and Professor McCulloch went so far as to say that "he did not think that the analyses of Professors Aikin and Toury prove anything; they do not prove the *presence of any poison;* and in my opinion they only prove the presence in General Ketchum's stomach of the medicines administered by order of Dr. Williams." He recognized no proof of the presence of any metallic poison, unless "the metal itself was reproduced, and that in sufficient quantity to be manipulated" and subjected to "*every test* known for the proof of that metal."

Numerous authorities were quoted by the chemical experts to show that the metal must always be produced. But all such authorities referred to *arsenic*, none of them to *tartar emetic.* Indeed, I know of no writer, either on Toxicology, or of Medical Jurisprudence, that has laid down *any such requirement in reference to tartar emetic*, though all require it in dealing with arsenic. One reason for this difference doubtless arises from the extreme solubility of tartar emetic, and its very rapid elimination from the body through the skin and the kidneys. It is easy to suppose that it might be eliminated so rapidly as to leave such minute quantities as to render it extremely difficult, if not absolutely impossible, to obtain the metal in such quantity as to be readily manipulated. But whether this reasoning be correct or not, the necessity for the production of the metal in cases of poisoning by tartar emetic has never been demanded by any writer on Toxicology or Medical Jurisprudence. This was a standard erected by the criminal experts in this trial, in order to meet the exigencies of their position!

But whether necessary or not, Professor Toury complied with the requirement, and did produce the metal. He produced it first by Marsh's test, and secondly by precipitating the metal into a platina cup! It is true that the platina cup containing the metallic antimony was not admitted as evidence before the jury. But the fact that Professor Toury had it in possession was shown by the discussion upon its admissibility as evidence.

But leaving this out of the question, the *spots* obtained by Marsh's process were so clearly metallic in their *lustre* that no unprejudiced person could have failed to recognize them as *metallic.* They differed so radically in appearance from the spots obtained from *organic* material similarly procured that no one could possibly confound them. The spots of the one were dull, *mere stains of carbon;* while the other presented a clear, metallic lustre that no one could fail to recognize. Not only so; Professor Toury subjected some of these spots to trial, and they indicated, unmistakably, the presence of the *orange red of antimony!* Thus was the most extreme demand of the chemical experts for the defence complied with. The metallic antimony was discovered, and was a full vindication of the results previously obtained by Professors Aikin and Toury in their so-called *color tests;* tests which all writers on toxicology recognize as sufficient. Wormeley, Taylor, Orfila, and others that were quoted during the trial, all adopted the analysis of Professors Aikin and Toury, and distinctly state that the results they obtained, *in the order in which they procured them*, is satisfactory proof of the presence of antimony. Indeed, all of the chemical experts for the defence admitted "that there was *no metal known to them*, or to chemical science, that could produce the results obtained by Professors Aikin and Toury, in the order in which they obtained them, but antimony." And then, when they were asked the question, "If no metal but antimony could produce these results, were they not positive proof of the presence of that metal?" they all replied, "No! because they recognized no proof but the production of the metal." When they were shown the metallic spots produced by Marsh's test they denied that they were metallic, though they responded

to the tests laid down by the authorities. Then, again, when asked a second time whether the "solution of the white cloud (produced by the acid solution dropped in water) by tartaric acid, and the reproduction of the orange red precipitate by the action of sulphide of ammonium, or sulphuretted hydrogen, could have been produced by any metal but antimony?" they again replied that neither they nor chemical science "*knew* of any such metal; but that new metals were constantly being discovered, and there *might* be such a metal, although they did not know of its existence!"

Suppose any such *unknown metal* did exist, was there the *most remote possibility* that such a metal could have been found in the stomach of General Ketchum? Did any one of the experts pretend to say that such was the fact? Was it not known to them that tartar emetic had been purchased by inmates of the house in which General Ketchum died? The tartar emetic was *certainly in the house*, as was clearly proved by unimpeachable witnesses. The symptoms of General Ketchum were those which authorities and observation recognize as resulting from tartar emetic. The circumstances attending the administration of that memorable dose at one o'clock on Wednesday, wherein it was shown that dose was different in quantity, different in color, and different in results from anything that could have occurred from the administration of forty drops of tincture of jasmine; I say, again, when tartar emetic was known to have been in Mrs. Wharton's house, when the symptoms of General Ketchum corresponded with those produced by tartar emetic, and when he died under circumstances that nothing could explain *but poison by tartar emetic*, and then when chemical analysis produced results that can have been produced by nothing known to chemistry but tartar emetic, how can any one deny that Professors Aikin and Toury did discover antimony in the stomach and viscera of General Ketchum?

But, notwithstanding all these things, the experts for the defence say that "had Professors Aikin and Toury *known* that they were looking for a metal," then their analysis "would have been correct." Did they not *know* that they were looking for a metal? Did not the facts above mentioned enable them to know that they were looking for a metal? Then, again, did not the sediment in the tumbler of milk-punch, by its taste and other properties, show beyond all doubt that it contained a metallic poison? Did Dr. Williams not inform Mrs. Lowry, as soon as he tasted that sediment, that it contained "an acrid metallic poison?" Did not Professor Aikin's tasting of the same sediment convince him also of the presence of a metallic poison? Therefore Professors Aikin and Toury did "*know* that they were looking for a *metal*;" and according to the statements of the experts for the defence, their analysis was correct, and no *metal but antimony* could have produced the results that they obtained! The experts, under the pressure of their cross-examination, finally admitted this fact. They admitted that no *metal but antimony* could have produced the results of Professors Aikin and Toury's analysis; yet when asked "if this was not satisfactory evidence of the presence of antimony?" they said, "No! because certain organic substances would produce the *same results*."

Professor McCulloch stated that while operating upon chloral and jasmine he produced results so exactly similar to those of Professors Aikin and Toury that "*a chemist's eye*" would readily mistake them for each other! In this statement he was sustained by all the chemical experts but Professor White, who said "that he attached very little importance to the experiments of Professor McCulloch!" Professor Reese distinctly states that these "experiments of Professor McCulloch were repeated and verified by Professors Reese and White, and by Dr. Genth."

Now what was this experiment of Professor McCulloch which produced such astonishing results, and which, according to Professor Reese, has opened up "a new and wonderful field of chemical investigation"?

Professor McCulloch says that he made a solution of chloral and jasmine, and then, in order to imitate as nearly as possible the contents of General Ketchum's stomach, he added "the white of an egg, and milk that had soured for some days, using the *whey and not the coagulum*, and I then mixed them with beef tea and added a drop of lactic acid, and a little pepsin."

With this mixture he undertook to institute experiments similar to the analysis of Professors Aikin and Toury. Before examining this experiment, let me ask what proof had Professor McCulloch that General

Ketchum's stomach contained "the white of an egg, or milk whey, or beef-tea"? There was no evidence in the trial to show that he had either. This is of no importance, however, except to show that he did not confine himself to the testimony. Now what was his experiment that produced results so "exactly similar to those obtained by Professors Aikin and Toury" that a "chemist's eye" would readily mistake them for each other?

This experiment was undertaken in order to *imitate* the analysis of Professors Aikin and Toury, and to show that chloral and jasmine would produce "*results exactly similar.*" Such being the case, it was his bounden duty to follow Professor Aikin's analysis *step by step*, and show that they were *identical in every respect!* Otherwise the analogy would fail, and the experiment would be worthless. What was Professor McCulloch's experiment, which excited the wonder and admiration of his colleagues in the trial?

These experiments he says he performed "in the presence of Professor Reese, Dr. Genth, and some others," and were as follows:—He took the *imitated* contents of General Ketchum's stomach, containing the chloral and jasmine, and "treated it with sulphuretted hydrogen, and obtained a red precipitate which dissolves in hydrochloric acid as that from antimony does; in other words the two resemble each other in this property; they act alike; when this solution in hydrochloric acid is dropped in water, it also gives a white cloud just as antimony does; that white cloud is soluble in an excess of *hydrochloric* acid, which is also true of antimony; this solution, with sulphuretted hydrogen, again gives a precipitate which might be mistaken for one of antimony; the resemblance of the reactions is truly remarkable; so much so, that I was astonished when I made the experiment."

This is the experiment that astonished Professors McCulloch and Reese and Dr. Genth, and which was represented to the court as analogous to the analysis of Professor Aikin, and produced results so identical that "*a chemist's eye*" would readily confound them! Not only was this experiment performed before admiring friends in various places in Annapolis, but it was repeated in the presence of the court and jury, and claimed to be a full explanation of everything discovered by Professors Aikin and Toury, and represented to the court as proving conclusively that General Ketchum's stomach, and Mr. Van Ness' punch contained nothing but jasmine and chloral!

Let us for one moment examine the details of this experiment and compare them with Professor Aikin's analysis, and then we can see clearly how "*identical*" they are. That they may be taken in at a glance, I will put them in parallel columns, viz.:—

Prof. Aikin's Analysis.	Prof. McCulloch's Experiment.
Contents of Gen'l K.'s stomach treated with sulphuretted hydrogen.	Mixture representing contents treated with sulphuretted hydrogen.
Produced "a reddish brown precipitate" which "dissolved in *boiling* hydrochloric acid."	Produced a "red precipitate" which "dissolved in *cold* hydrochloric acid."
This solution dropped in water gave a "white cloud" or precipitate.	Solution dropped in water gave "a white cloud" or precipitate.
"This cloud was dissolved by *tartaric acid.*"	"This cloud was dissolved in *hydrochloric acid.*"
This solution treated with sulphuretted hydrogen or sulphide of ammonium gave "*a bright orange red precipitate.*"	This solution treated with sulphide of ammonium gave a "*yellow precipitate.*"
	Prof. McCulloch then adds, "I never got a *pure orange red* from antimony, except when in pure aqueous solution.

In examining these experiments we see several very marked and decided differences. 1st. We find that the antimonial "reddish brown precipitate" required *boiling hydrochloric acid to dissolve it*, while the jasmine precipitate dissolved in *cold* hydrochloric acid.

2d. The *antimonial white cloud* was soluble in *tartaric acid*; while the *jasmine white cloud was not soluble in tartaric acid*, but *required hydrochloric acid* in order to dissolve it.

3d. The final antimonial precipitate was *a bright orange red*, while the jasmine precipitate was a "*yellow precipitate*," which took a long while to settle down to the bottom of the tube. This experiment was performed in presence of the Court, and the results exhibited in the Court room; and every one present had the opportunity of seeing that there was not the slightest resemblance between the antimonial and the jasmine precipitates.

It is true that when Professor McCulloch poured the sulphide of ammonium into the solution of jasmine it became a *yellowish red color*, not an *orange red*, and examination showed the fact that the change of color was in the "*supernatant liquid,*" *and not in the precipitate*, which was the *real point of inquiry.* The *supernatant liquid was red, but*

the precipitate was a dirty white! and never was either "yellow" or "bright orange red." The difference was such that not even "*a chemist's eye*" could have confounded them, unless he was afflicted with *color blindness!* Marked as the difference was that afternoon, the next morning it was very much greater. Fortunately for the cause of truth and justice, the results of this experiment were preserved, and were brought into Court the next morning. *Then* the red color of the supernatant liquid had become as *black as ink*, and the *precipitate* still *was white!* The antimonial precipitate was with it, and that retained its *bright orange red color*, which presented a striking contrast with the black of the jasmine.

The tubes containing these results were held up in presence of the Court and jury—the one black, and the other bright red—and the Attorney General asked Professor McCulloch if that was the "orange red precipitate he had obtained before the jury the day before," and said "he would be much obliged if he would explain how he had obtained that orange red precipitate!" Professor McCulloch replied "that he informed the jury the day before that it would become darker." "Yes," replied the Attorney General, "but did you tell the jury that it would become black?" "No, sir." "Did you know that it would become black?" "Yes, sir." "Well, why did you not tell the jury that it would become black?" Thus vanished the orange red precipitate! After this not even "*a chemist's eye*" could confound the results of these two experiments.

But the mysteries of "these *identical*" *experiments* did not end here. The Attorney General felt interested in knowing why Professor McCulloch dissolved the "jasmine white cloud" in *hydrochloric acid*, instead of *tartaric acid*, as Professor Aikin had done his antimonial "white cloud." Certainly fair experimentation demanded that Professor McCulloch should follow Professor Aikin's analysis step by step, or his experiment was worthless. He had already made a glaring departure in the early stage of his experiment, in dissolving his "reddish precipitate in *cold* hydrochloric acid. Did not Professor McCulloch know that the antimonial precipitate had been dissolved by Professor Aikin in *boiling hydrochloric* acid, and that he could not have dissolved it in *cold acid*, except to a very limited degree? Why this marked departure? The fact that the jasmine precipitate dissolved in *cold* acid destroyed the analogy, and certainly produced "*utterly fallacious*" results! But they do not stop here. Professor McCulloch takes this solution in *cold hydrochloric acid*, and drops it in water, and obtains the "white cloud," resembling the "white cloud" of the antimonial precipitate, and to this he adds *cold hydrochloric acid*, and, of course, he dissolves it! He actually adds the *same acid* that the water had abstracted, and *returns to* the point whence he started! The use of hydrochloric acid at *this stage* of the experiment threw him *back two steps* in his analysis! Instead of *advancing* in his analysis he *retrograded two steps!* And yet this is an experiment which he and his expert colleagues claim to be *identical* with Professor Aikin's analysis!! The inquiry now naturally arises, why did Professor McCulloch substitute hydrochloric for tartaric acid at this stage of his experiment? Did he not know that the solution of this white cloud in *tartaric acid* was the *experimentum crucis* in this analysis? Did he not know that up to this point nothing characteristic had taken place? Did he not know that the solution of this white cloud in tartaric acid excluded *every metal known to chemistry but two*, viz., *antimony or bismuth?* Why then did he substitute hydrochloric acid for the tartaric acid, when he knew that he was rejecting the *crucial* step in the analysis, and was substituting an agent which *retrograded* instead of *advancing* his analysis? Did he not know, as already said, that this solution in tartaric acid excluded every metal known to chemistry but antimony or bismuth? Did he not also know that the *next step* in Professor Aikin's analysis excluded bismuth beyond all doubt, and established the fact that *nothing known* to chemistry, either organic or inorganic, could have produced this orange red precipitate at *this stage of the analysis but antimony?* Did he not know this? Why, then, did he make the substitution?

With these facts before him, can it be wondered at that "the learned Attorney-General exhibited some harshness towards some of the witnesses," even though it compelled him to "arraign all the chemical experts, who repeated and verified the experiments of Professor McCulloch"?

When the Attorney-General questioned Professor McCulloch upon this point, he replied "that he substituted the hydro-

chloric for the tartaric acid because tartaric acid held certain substances in solution and would not let them precipitate as readily as hydrochloric acid would." He further said that he only did "as other chemists would ordinarily do; he dissolved it in hydrochloric acid instead of tartaric acid, because he had the first-named at hand!"

This answer naturally did not satisfy the Attorney-General for so serious a departure from Professor Aikin's analysis, and he pushed still further his demand for an explanation of the substitution; and he still pressed the question, "Why did you not use tartaric acid instead of hydrochloric?" Professor McCulloch replied, "Because I did not have time!"

"Did not have time!" said the Attorney-General, "What have you been doing for the last three weeks?"

"I have been in the court room attending this trial!"

"Yes," said the Attorney-General, "but the court adjourns at three o'clock every day, what have you been doing after that? Would it take any longer to use tartaric acid than hydrochloric acid?"

The question still recurs, "Why did Prof. McCulloch substitute the hydrochloric acid?" Did he try the tartaric acid at Lexington and find that it would not dissolve the "jasmine white cloud," and that it would be unsafe to repeat it before his colleagues at Annapolis? Some such thought must have suggested itself to Professor Reese, for when he was pressed as Professor McCulloch had been upon this point, and asked why this substitution had been made, he evaded for a long time, but being forced to answer the question, he replied, "Mr. Sylvester, if you insist upon knowing why hydrochloric acid was substituted for tartaric acid, I *must refer you to Professor McCulloch; the experiment was his, and not mine*"!!

But suppose that Professors Reese and McCulloch are right, and that the jasmine and chloral produced the results obtained by Professors Aikin and Toury from the stomach and viscera of General Ketchum, what produced the same results from the sediment in Mr. Van Ness' milk punch? No one pretends to say that there was either jasmine or chloral in that punch! If the jasmine and chloral produced the results Professor Aikin obtained from General Ketchum's stomach, what produced them in the punch? The taste of that sediment, as well as its analysis, showed the unmistakable presence of "an acrid, metallic poison," viz., tartar emetic.

Now if the sediment in the tumbler of punch yielded the results of Professor Aikin's analysis of that sediment, and he and Professor Toury obtained similar results in the stomach and viscera of General Ketchum, must it not follow irresistibly that inasmuch as jasmine and chloral did not produce the results obtained from the punch, so they could not have produced those discovered in the stomach of General Ketchum.

I think that I have now shown, beyond all question, that Professor McCulloch's experiment was *not analogous* to Professor Aikin's analysis, because he dissolved the *first* (the reddish brown) *precipitate* in *cold* hydrochloric acid, instead of boiling acid, and because he dissolved the *second precipitate* (the white cloud) in *hydrochloric acid* instead of *tartaric acid* as Professor Aikin had done. I have shown that the tartaric acid solution, when treated with sulphide of ammonium, threw down *promptly* a bright orange red precipitate, while Professor McCulloch's hydrochloric solution produced a *dirty white* precipitate. This precipitate, moreover, was *flocculent* in appearance, and required a *long time to settle* on the bottom of the tube, instead of falling promptly to the bottom as was the case with the antimonial precipitate.

Professor McCulloch's precipitate *never was red.* The liquid that contained the precipitate was red; but even that became black in a few hours, while the precipitate remained white. These results could never, by any possibility, be mistaken for the permanent bright red of the antimonial precipitate—not even "a chemist's eye" could see the resemblance.

I have thus very imperfectly examined the more important features of Professor Reese's "review." There are many other points to which I would like to call attention, but time will not permit. Enough has been said to show that General Ketchum did not die from cerebro-spinal meningitis, but that he died from poison by tartar emetic.

I think that the testimony shows that the doses of tartar emetic administered on Saturday and Sunday night and on Monday afternoon were not *poisonous doses*, but only

enough to produce sickness sufficient to prevent General Ketchum from returning to Washington with Mrs. Chubb. Then I believe that a *poisonous dose* of tartar emetic, *combined with laudanum*, was administered on Tuesday afternoon, and that a similar dose was given at one o'clock on Wednesday afternoon, which proved fatal in two hours.

STRYCHNINE POISONING TREATED WITH HYDRATE OF CHLORAL.

By S. A. Turner, M. D.,
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(*Reported by* D. D. Crothers, M. D., *Albany, N. Y.*)

The purpose of this communication is to add another to the rapidly accumulating cases illustrating the power of the Chloral Hydrate over the convulsions attending poisoning by strychnine.

The patient in this case was a Sioux Indian, apparently aged 45, and reveling in the luxury of a plurality of squaws, one of whom, in a fit of affectionate jealousy of his attentions to the other, administered to him a quantity of strychnine upon food which she had prepared for his special enjoyment.

I was sent for, distance four miles, and saw the injured man at 12 M. All that I could learn through my interpreter, an "intelligent contraband," was that the sun was shining, and must have been "pretty high," when the food was taken; and that the "warrior," finding the food unpleasantly bitter, swallowed but a single mouthful, soon after which the sense of sight became much impaired, and convulsions ensued, spasm of the posterior muscles of the trunk predominating, with opisthotonos strongly marked.

When I first saw him the intervals between the recurrence of the spasms varied from thirty to sixty seconds. There was spasm of all the muscles of voluntary motion. No food had been taken since the day before, except the morsel containing the poison.

I administered gr. xxx of chloral. In thirty minutes the convulsions ceased, and did not recur until the expiration of thirty minutes more. Then there was a mild spasm, soon followed by a severe one. Gave chloral gr. xv, and the patient soon became tranquil, and remained so for thirty or forty minutes, when, another severe spasm occurring, I administered gr. xxx of the remedy.

In a few minutes the patient was tranquil, with power of vision nearly normal. The patient rested quietly for three hours, evincing considerable drowsiness at times.

A slight convulsion ensued, when I gave another gr. xxx dose of the remedy.

There was no return of spasm. The patient slept all night, and when seen on the following day complained only of intense muscular soreness. Recovery satisfactory.

Medical Societies.

Medical Society of New Jersey.

The Medical Society of New Jersey commenced its 106th annual meeting at the Court House, in the city of Paterson, on Tuesday evening, May 28th.

The following officers occupied their respective positions:

President—Charles Hasbrouck.

Vice Presidents—Franklin Gauntt, E. J. Thompson, and G. H. Larrison.

Corresponding Secretary—Wm. Elmer.

Recording Secretary—Wm. Pierson, Jr.

Treasurer—H. R. Baldwin.

Thirteen "Fellows" of the Society were present, as well as representatives from the District Medical Societies of the counties of Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Passaic, Somerset, Sussex, Union, and Warren.

The President delivered an admirable address upon "Popular Ignorance of Medicine and the Prevalence of Quackery."

Upon adjournment of the Society the members repaired to the Franklin House, where they were entertained at a sumptuous feast prepared by the Passaic County Medical Society.

At nine o'clock on Wednesday morning, May 29, the Society reassembled. A large amount of business was transacted with great harmony and good feeling.

Dr. Wickes, of Orange, presented the report of the Standing Committee.

Dr. Hodge, of Trenton, presented the report on the revision of the fee bill.

Dr. Warman, of Trenton, made a report on the subject of criminal abortion.

Delegates from other State medical societies were appropriately received and welcomed.

Dr. Phillips, of Trenton, read a history of a case of abdominal tumor.

Dr. Larrison, of Lambertville, read an interesting essay on "Diseases Prevalent in the Valley of the Delaware."

The following officers were elected for the ensuing year:

President—Franklin Gauntt, of Burlington.

1st Vice President—T. J. Thomason, of Perrineville.

2d Vice President—G. H. Larrison, of Lambertville.

3d Vice President—William O'Gorman, of Newark.

Corresponding Secretary—Wm. Elmer, of Trenton.

Recording Secretary—Wm. Pierson, Jr., of Orange.

Treasurer—H. R. Baldwin, of New Brunswick.

The Society will meet in 1873 at Mount Holly.

West Virginia State Medical Society.

The Society met at Wheeling, June 4th, Dr. LAZZELL, President, in the chair.

During the session Dr. Safford read a voluntary paper on specific Contagion of Puerperal Fever, which was referred to the Committee of Publication.

Dr. A. S. Todd sent in a communication withdrawing from the Society. Accepted.

Dr. Frissell, by invitation, addressed the Society on the treatment of cerebro-spinal meningitis.

Dr. Jepson reported a case of sudden death of a dropsical woman, in which a *post-mortem* one hour after death revealed the presence in the right vertical and pulmonary artery of a firm, elastic clot, over eight inches long.

The committee appointed to memorialize the Legislature for the repeal of all laws forbidding the study of practical anatomy, asked further time in which to report. Granted.

A voluntary essay on Hernia was read by Dr. Brock, and referred to the Committee on Publication, and permission was granted to Dr. Brock to publish it in such other medical publication as he may select.

Dr. Cummins having received a majority of the votes cast, was declared elected President for the ensuing year.

The election of Dr. Cummins was, on motion, made unanimous.

Dr. Davis nominated Dr. Roemer for First Vice President, and on motion the election was made unanimous.

Dr. Baird nominated Dr. Davis for Second Vice President.

Dr. D. declined, but the Society elected him unanimously.

Dr. Ford nominated Dr. Moore, of Wellsburg, for Third Vice President, who was duly elected.

At the close the President delivered his valedictory, as follows:—

Before the adjournment, allow me, gentlemen, to return my cordial thanks for your uniform kindness and assistance in conducting the proceedings of this Society. I am sensible of many imperfections and mistakes, but they have been of the head and not of the heart. I am fully identified with the interests of our Society to promote its interests and advancement.

To the profession and citizens of Wheeling we are largely indebted for the pleasant meeting we have had. That this has been an interesting and profitable meeting we all fully realize, and now feel that our Society is more firmly established in the hearts of the profession than ever. Thanking you all again, and hoping we may all meet one year hence at the Parkersburg Wells, I bid you adieu.

The Society then adjourned to meet at Parkersburg Mineral Wells, on the first Wednesday in June, 1873.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Effect of Menstrual Disorders upon the Vascularity and Nutrition of the Intra-Ocular Structures.

Dr. REUBEN A. VANCE, of New York city, writes to the *Boston Medical and Surgical Journal*:—The phenomena of menstruation may be attended by disordered vision, and it is possible that such visual disorders are due to the general commotion to which the female organization is subjected at this time, yet such cases are rare; and Dr. T. Clifford Allbutt, of Leeds, in his recent work, says that he has never been able to satisfy himself of their existence.* I have seen a number of cases in which photophobia and dimness of vision were complained of at the monthly periods, in which the ophthalmoscope did not reveal any disorder of the intra-ocular structures, and others again where hyperæmia of the disk and retina to a very marked degree, occurring at the same time, was unattended by any defect of vision.

The ophthalmoscopic appearances in the majority of cases in which symptoms referable to the cerebro-spinal system have been observed, are such as denote an increase in the quantity of blood in the intra-ocular structures. The retinal circulation is affected, but not to the same extent as that of the disk. The vessels of the latter are enlarged and their number increased. It may even assume a crimson appearance, and I have occasionally seen it so congested that

* Allbutt On the Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys; and also in certain other General Disorders. London: Macmillan & Co. 1871.

the whole fundus oculi appeared of a uniform color, and the site of the papillæ could only be discovered by tracing the retinal vessels to their point of convergence. The arteries of the retina may be but slightly affected—as a rule they are not enlarged to any great extent—but the veins are increased in size and number, and their course becomes irregular and tortuous. It is the proper vessels of the disk which undergo the greatest change, and the chief evidences of congestion will be observed at the intra-ocular termination of the optic nerve.

The proportion of cases in which intra-ocular congestion can be observed at the menstrual period is quite large, but the number of instances is small in which the ophthalmoscopic appearances of hyperæmia persist during the whole time the woman is unwell. In many cases where ladies suffering from menstrual irregularities have been under my care for disorders of the nervous system it has been possible to pursue ophthalmoscopic observations for a length of time, and not only to see the intra-ocular appearances during the time they were menstruating, but also during the intervening period. Two well-defined classes can be distinguished; one in which the irregularities of the intra-ocular circulation lasted but a short time, and were apparent only at the commencement of menstruation; another, in which they came on a day or two before the flow manifested itself, persisted during its continuance, and lasted a variable time after it ceased. The first class suffered more or less pain at the time these appearances were noticeable, but presented no abnormal nervous symptoms; the other class complained of mental depression, obscure nervous phenomena, and pain in the back and thighs.

Cases characterized by anæmia of the intra-ocular structures pursue much the same course, and present many of the symptoms observed in cases of congestion persisting throughout the menstrual period. An ophthalmoscopic examination alone can distinguish between them, and determine in a given case whether the cerebral symptoms complained of are due to hyperæmia or anæmia of the brain.

The mental symptoms due to the deranged nutrition of the brain so produced are manifold, and vary from the merest excitability of manner to the most furious mania, from slight depression of spirits to extreme melancholia, and in more than one case I have known the whole character of the individuals so changed as to lead to the commission of the most vicious and disgusting acts. It is in this latter respect that these cases acquire importance in a medico-legal point of view, and no expert can form an opinion entitled to any weight who has not carefully examined the patient with the ophthalmoscope before, during, and after her menstrual epoch. In this manner, and in this manner alone, can the physical condition of the intra-cranial organs, as regards these secondary vascular changes, be determined, and a basis of fact acquired upon which to found a rational opinion as to the responsibility or irresponsibility of an accused person.

Climate in Consumption.

Dr. WM. H. TAYLOR, of Richmond, gives the following lecture on Climate, in the Virginia *Clinical Record*:—

I now come to the topic which has dictated this lecture, namely, change of climate as an agency in the treatment of consumption. A vast deal has been and might be said on this subject, but I shall condense what I have to say on it into a few paragraphs. Long ago the beneficial effects of change of air and scene were recognized and acted upon in the treatment of disease, and they are still sought after more assiduously than ever, despite the failure that too often attends the search. Notwithstanding the improved means of observation and the zeal of investigators, the science of climatology is yet very imperfect; and in many cases actual experience of a particular climate will prove to be palpably at variance with the most sagaciously formed opinion of it. The truth is that a climate is not apt to be consistent with itself, being one thing one year and quite another thing another year; its average character, which is determined for it by the climatologist and assigned on the authority of those ensnaring implements, the barometer, thermometer, hygrometer and rain-gauge, being commonly such as the oldest inhabitant does not remember ever to have experienced. Besides, there is great contrariety of temperament among people, so that a place which one man thinks very pleasant another pronounces unbearable, and a climate which the hale physician praises from personal knowledge of it as well adapted to the case is condemned by the ailing patient as decidedly unsuitable. Hence it becomes a matter of difficulty and responsibility to an undogmatic medical man to designate a residence for the invalid who relies on his opinion to guide him in this important point; and, on the whole, it would probably be the most judicious course to furnish the invalid with some general conception of the region and let him select a particular spot for himself.

The systematic writers on climatology advance various discordant opinions as to the fitness of certain places as residences for persons in different stages of consumption, making confusing and ill-founded distinctions based upon theoretical considerations and improperly digested meteorological tables. A satisfactory knowledge of the peculiarities of the climate of particular localities can be obtained only by prolonged residence therein. I would caution the invalid to trust no one's ideas on this subject absolutely, but suffer himself to be instructed by his individual experience. It is no real consolation to him, when a locality has worsted him, to know that it has done this thing in disregard of the express dictum of

the whole honorable and learned Faculty. Let him repair to a place of repute. Like enough he will find its climate provokingly opposed to what it ought to be according to all the laws of meteorology. Then, let him go somewhere else; and perhaps it will be just as well if he never finds a place that exactly suits, for this will make him bustle about, which is an advantage to him.

It is perhaps safe to say that climates differ in degree rather than in kind, though this difference may, to a consumptive who spends his winter in Florida or New England, be the difference between life and death. There is little reason for believing, as is popularly the case, that the air of one region is intrinsically more sanative than the air of any other. What the invalid really gains by change of abode is the opportunity for doing those things which he would or should do at home but that the circumstances of climate prevent him, namely, for making use of those cardinal hygienic measures which promote health. Of course he has more facilities for inhaling the pure fresh out-door air and indulging in suitable exercise where the winter is mild and equable than where it is rigorous and variable. He should remember that to obtain these facilities is his object in leaving home, and sedulously avail himself of them when they offer, not sitting and moping when he reaches his destination, but getting on his feet, or in his carriage, or on his horse, and stirring around.

To carry out this plan it is presupposed that the invalid has strength sufficient to do it—a presupposition which ought to be, but which by no means universally is, had in view. How often does the unfortunate victim leave his home to die in some extravagantly extolled, but alien land? He should have vigor enough to encounter the inevitable hardships of travel, and to spare, for if at the end of the journey he is too feeble to go about, the main source of hope for him is gone. If he is to depend upon the mere balsamic powers of the air for his restoration, experience assures us that he rests on a precarious support. If he has only to pine, he had better pine among his friends, for strangers usually have only such sympathy as money can buy for pining men. He should endeavor likewise to cultivate a taste for travel, striving hard not to become one of that too numerous class of peregrinating sick people who take travel strictly as medicine, taking a dose of Spain or Italy just as they would a dose of cod-liver oil, gulping it down and cursing the flavor. Taken thus it is sure to nauseate, and is apt to do more harm than good. The important inference from all this is, that whoever would realize the utmost benefit that change of climate can confer should resort to it early, while he still has sufficient elasticity of feeling to permit him to enjoy what he sees and enough energy of body to sustain him on the way, and while the disease, being yet incipient, is less capable of resisting the additional forces which his comparatively buoyant spirit and active frame will now enable him to bring against it. To him who has much strength travel will possibly give more; from him who has none it will probably take away even that which he has.

It will be gathered from my remarks that I much prefer the patient should go about from place to place to remaining constantly in any one locality. Above every other expedient, I would recommend him, if his physical and pecuniary circumstances permit it, to procure a comfortable vehicle, and in company with some congenial companion to prowl through the chosen region, placing himself independent of contingencies by taking everything necessary with him—"roughing it," but with the roughness mitigated to the utmost. If in doing this he could contrive to occupy himself with some light and pleasant pursuit, with the fascinating art of photography, for instance, I think that scarce any scheme would be more fruitful of benefit. I have met with persons who had adopted this plan, and they invariably lauded it in the highest terms, so that I feel authorized, both on theory and practice, to urge its adoption by those who have the means for carrying it out.

Some of the unpleasant concomitants of travel may be annulled or ameliorated by going no further from home than is really necessary; and it is with pleasure that I feel myself justified in advising the American invalid to restrict himself to Florida as a winter residence. Its climate is, in my opinion, equal if not superior to that of any portion of Europe that I visited. It is, too, to be preferred, I think, to that of Havana, whose heat was to me so excessive as to be exhausting. Fortunately, however, it is easy for the invalid to test this point for himself, for the distance from Florida to Cuba is but short, and possibly on trial he may find the climate of the latter to be more suited to the peculiarities of his own case; at any rate, between the two regions he may be quite sure of reaping every climatic benefit which he can reasonably hope to obtain from a visit by a longer and more trying journey to the famous sanitary resorts in Southern Europe. Of course in Florida he will not meet with the novelty and picturesqueness of scene, or popular peculiarities, or storied associations which make so large a part of the charm of foreign travel; but he will have the advantages, more prosaic, it is true, but perhaps more satisfying to a sick man, of easy communication with home, similarity of manners and tastes, and above all, the inestimable blessing of a common language.

Papillary Ophthalmia.

Dr. D. S. REYNOLDS says in the *American Practitioner*:—

Papillary Ophthalmia is an entirely different affection from trachoma. It is in no sense granular. It follows the more violent acute symptoms of purulent ophthalmia, and not

unfrequently occurs as a primary lesion in persons of debilitated constitution.

Papillary ophthalmia is sometimes due to endemic atmospheric causes, and has been thought by some to have prevailed epidemically in certain parts of Europe. Almost every writer on ophthalmic medicine and surgery has grouped both the papillary and the trachomatous diseases under one head; some of them describing the two diseases as different stages or varieties of granular ophthalmia, so called, and gravely asserting that the treatment should be the same in both forms of disease.

The pathological peculiarity of papillary conjunctivitis consists in a hypertrophy of the conjunctival papillæ, which must necessarily be confined to the palpebral portion of the membrane, as there are *no papillæ* in the ocular conjunctivæ. How absurd then to talk about unity in diseases so opposite in their very nature! The hypertrophied, elongated papillæ constitute villosities over the entire surface of the palpebral conjunctivæ, which gives rise to distressing symptoms, chiefly on account of the extraocular pressure. When the papillæ are thin and flabby a stiffness in the lids, with slight sense of scratching on the upper surface of the eyeball, constitute the sum of the subjective phenomena; when, on the contrary, there is great vascularity and tumefaction of the membrane, pain, heat, a sense of dryness on the surface of the eyeball, with frequent gushes of hot tears, and throbbing sensation, with ptosis and intolerance of light, are all present, more or less. There is but slight vascularity of the subconjunctival tissue in this affection, the morbid action being almost exclusively confined to the mucous membrane proper.

There are different types of this disease, on account of the variety of causes that tend to its production; but I dare say the difference is almost wholly due to the presence of complications, such as depend not upon the presence of papillary conjunctivitis, but such as are brought into activity by the causes which produce the last named affection. How can we expect to arrive at a proper conclusion as to what is curative and what hurtful, unless clear lines of distinction be drawn between the pathological features of diseases similar in nothing except the site of their development?

In that form of papillary ophthalmia arising from simple catarrhal ophthalmia, sulphate of copper, applied once in the course of five or six days, by lightly gliding the stick over the exposed papillæ, followed by the cold, wet compressive bandage, with a collyrium every morning and evening, of one scruple of alum to an ounce of water, or one drachm of tannin to the ounce of glycerine, continuing the compressive bandage most of the time during the day, will be found successful in most acute cases. If there be manifestations of constitutional disturbance, of course constitutional medication must be promptly instituted.

In chronic papillary ophthalmia, arising from neglected catarrhal conjunctivitis, it will be best to apply muriate of ammonia in substance to the affected membrane at least once a day, and at the same time the collyrium of alum before mentioned. If the disease be a sequel to purulent or "Egyptian" ophthalmia, then there will be observed considerable thickening of the conjunctival membrane from interstitial deposit of plastic matter, the papillæ will not project far beyond the surface, and there will be noticed, upon close observation, a considerable amount of contraction of the orbicularis palpebrarum, constituting permanent blepharospasm, thus greatly endangering the safety of the cornea by friction. In all such cases section of the orbicular muscle, by extending the palpebral fissure outward, and securing the skin and mucous membrane along the whole course of the wound by sutures, will be a prerequisite to the successful treatment. Having performed the tarsorrhaphy or canthoplasty, the only after-treatment necessary in most cases will be alum, tannin, or chloride of zinc in solution. The strength of the zinc collyrium should never be greater than three grains to an ounce of water. Generally one grain will be sufficient if applied every two hours during the day.

Another form of papillary ophthalmia is that in which the patients are of strumous taint and much debilitated prior to the attack of conjunctivitis. In this class of cases iodide of iron, quinine, good diet, out-door exercise, and comfortable clothing should be first called into requisition. The local application of turpentine, one half drachm to an ounce of cod-liver oil, every morning and evening, will be about all that is necessary. In fact I believe the very best information for one to possess as to the treatment of papillary ophthalmia and trachoma consists in knowing what not to use or apply to the affected membrane.

While almost all writers on ophthalmology laud in the highest terms the mitigated nitrate of silver and the sulphate of copper, applied in substance, frequently repeated, they take the pains to mention that many cases are incurable. Now, as a matter of daily observation, every one knows that twenty or forty grains of nitrate of silver to an ounce of water will, if frequently applied to a mucous surface, very soon excoriate and finally destroy the membrane itself. This being true, how much more dangerous the daily application of sulphate of copper in substance or the "mitigated stick," the liquor potass. acetic, and sulphurous acids may be can easily be conjectured. I take the pains to assert that no excoriating application can possibly fail to aggravate the disease under consideration; that caustic applications are wholly unjustifiable, and their use in papillary conjunctivitis should be made actionable at law; because every one must know that caustics destroy mucous membrane, and that when once destroyed it can never be reproduced.

The Calabar Bean in Spinal Meningitis.

Dr. HENRY G. TODD says, in the Indiana *Journal of Medicine*:—

After suffering the anxiety and disappointment that most physicians in the country have felt in the treatment of spinal meningitis, my mind was directed to the calabar bean, as a remedy offering a better hope of success than anything I had used, or seen recommended in the journals, its effect, according to Dr. Christison and others, to so modify the action of the spinal nerves as to produce paralysis of the voluntary muscles, the very effect that is indicated in the local tetanus, or opisthotonos of spotted fever. With these views I obtained, more than a year ago, a few of the beans, and, also, a tincture, from Browning & Sloan, containing two ounces of the bean to one pint of alcohol. This being a potent agent, with no officinal preparation, I did not feel at liberty to prescribe it till I had tested its relative dose by personal experience. I commenced by taking twenty-five drops of this tincture every fifteen or twenty minutes, till I had taken two hundred drops in two and one-half hours. This produced a very marked sensation of languor and indisposition to move, but by an effort of will my muscles were as fully under my control as before. No contraction of the pupil was discoverable, and the pulse remained without change. The experiment was carried no further and not repeated. I was treating at that time a child fifteen months old, with quite a violent attack of spinal meningitis. I directed eight drops of the tincture to be given at intervals of three hours. The dose was not increased, but the intervals were shortened when I had opportunity to give personal attention. And here let me remark, that in this, as also in two other cases that I attended shortly afterward, my time was so occupied that I could not remain with my patients, to watch the effect, and the remedy being an active one, and comparatively new, I was afraid to allow any discretionary liberty with the nurse; and though I considered the results very satisfactory, yet it was by no means a proper test of the efficacy of the remedy. In two recent cases in which I have used the bean, however, I have been able to give personal attention, pushing the remedy more vigorously, and with results equal to my most sanguine expectations. In both of these cases (which were adults) I used the pulverized bean, as giving a better opportunity to graduate the dose. I commenced with four grains of the powdered bean, and repeated with three-grain doses every hour till relief was obtained from the urgent distress occasioned by the tension of the muscles of the neck and back. This object was partially attained after the third dose, but comparative ease was secured after the fifth, and the remedy was continued at such intervals as would give the patient comparative rest and comfort; but in neither of those cases was it pushed far enough to produce contraction of the pupil, though they complained of the depression. This treatment was continued in one of the cases about ten days, the other a shorter time, when the disease appeared so far recovered that the bromide of ammonia was substituted for the bean, and my patients recovered. Though the above cases were not as violent as we occasionally meet with, yet the symptoms were urgent and distressing, and the relief so speedy and important that I shall use the remedy hereafter with great confidence; and if the foregoing suggestions should result in a trial of the remedy by my professional friends, my object will be accomplished, and I hope much suffering relieved.

Singular Nervous Symptoms.

In the Canada *Lancet* Dr. W. S. CHRISTOL, of Flesherton, Ontario, relates the case of a lad, eleven years old, slender, sanguine temperament, of fair intellect. Some of his symptoms are described as follows:—

Whenever placed in an easy position, in quietude, he gradually passed into a singular condition of nervous derangement, breathing stertorously, and at each inspiration the body was raised fully six inches, the points of contact being the heels and head; this would continue for a while; then he would talk over every imaginable thing passing through his mind, whistle, sing, eat, snap, and occasionally turn a half somersault, without touching the bed with his hands. Accordingly he was directed to lie down to rest before dinner; in a few minutes he got into the peculiar state mentioned above. He breathed stertorously as before, but they had found that if his shirt was loosened he would immediately stop; taking the hint, I loosened the shirt collar, and found the statement correct. I practiced pressure on several portions of the body, and noted down the results.

The great sciatic nerve was first manipulated, and the moment pressure was made the leg was stretched and stiffened like a pole; each repetition produced the same result. I then placed my thumbs on the supra-orbital foramen, right and left alternately, and instantly the mouth was drawn towards the side pressed; pressing both at once the mouth was drawn to a funnel shape, with the tongue protruding, and rapidly passing from side to side. The infra-orbital was the next point, but no external muscular action took place; on pressure an invariable attempt to pronounce the monosyllables "yah, ah, or yes," was made. I tried the mental foramen, but found no response; perhaps I missed it. The right ulnar nerve was manipulated; it excited him to cough, as though some foreign body had fastened in the trachea; the same earnest attempt to get something out of his throat was the result of pressing this nerve. The left ulnar, however, produced no such phenomenon, but instead the lad would begin to kick most violently. Pressure over the region of the carotid artery on one side caused the body to be thrown into a wriggling kind of motion, with the head inclined towards the

side pressed. On both sides the inevitable stertor in the breathing was produced. Pressure on the dorsal vertebræ would cause him to speak. I placed my hand on the occipital bone, and instantly the half somersault was produced. Although lying on his back, this motion was quick and certain, the whole body being thrown forward; by placing the thumbs on or about the coronal suture, above the superciliary ridge, the pain seemed to be intense, he uttering a kind of muttering groan; out of pity you instantly desist. Grasping the foot, and placing the thumb over the instep, he at once commenced to manipulate the dumb alphabet on his fingers, which, under ordinary circumstances, he is entirely ignorant of. I inquired particularly about this, and was informed that when a very little fellow he saw a deaf and dumb lad performing; I tested his knowledge in every possible way by repeating the letters made by him on my own fingers, but all seemed a blank.

This phenomenon so interested the little folks of the house that, while I was examining other parts, they would grasp Johnny's foot to see him make the letters. The cranial nerves, right and left, seemed to be alike impressible, and produced similar phenomena, but not so with the nerves of the extremities, the right having excess of sensibility. Perhaps the most interesting point of all is, that if you press on the squamo-parietal suture a little posteriorly, he recovers instantaneously, rubs his eyes, acts a little strangely, and goes about his business as if nothing had happened. I might add that any two or more phenomena might be produced at the same time. The features during the paroxysm are much flushed, and the slightest touch on the cranium produced the results named.

Profuse Menorrhagia treated with Morphia.

Dr. W. T. CARTER reports the following case in the *American Practitioner*:—

Mat Stone (colored), aged twenty-nine, mother of four children, youngest about thirteen months old, on February 15th menstruated for the first time since the birth of her last child. Menstruation continued about four days, during which she lost a very small quantity of blood. Her subsequent menstruation, which occurred in very nearly two weeks after the disappearance of the first, was so profuse, being also accompanied by severe pains in the hypogastrium, as to reduce her to a state of extreme debility. On examination I found the os uteri patulous, hypertrophied, with very little if any eversion, and great vascularity of the mucous membrane of the os and cervix. The history of the case and the condition of the uterus preclude the possibility of intra-uterine polypus; and the length of time which has elapsed since the birth of the last child, with the smallness of the uterus, show plainly that the cause of the menorrhagia was not imperfect involution. The patient being an inveterate eater of dirt (pica), which caused an obstinate constipation, not having more than one evacuation of the bowels weekly, I ordered a mild laxative, to be followed by drachm doses of fluid extract of ergot every two or three hours. Having given several doses of the ergot without noticing the least perceptible cessation of the discharge, I added tincture of cannabis and gallic acid. This caused an amelioration of symptoms, which returned with increased violence if the patient assumed a sitting posture in bed even. Various other remedies were exhibited, to which were subjoined astringent injections. All, however, proved perfectly valueless. Continued loss of blood, suffering, and inability to take only small quantities of food, were rapidly exhausting the system. Cold applications were made, but failed to cause contraction of the uterus, which was now remarkably relaxed. There was an excessive secretion of urine, attended by a continued escape of that fluid from the bladder.

The pain in the hypogastrium, which was at times periodical, increased in severity. She complained of restlessness, great thirst, and a dryness of the skin. Half-grain doses of sulphate of morphia were ordered to be given as often as necessary to insure complete freedom from pain. The first dose was administered at ten P. M., after which she passed a comfortable night, and reported herself in the morning as feeling much better. Noticing a marked diminution in the sanguineous discharge, the morphia powders were continued. After having taken five powders, one being given every six hours, the flow ceased, and she gradually resumed her natural health. She has menstruated once since without any trouble.

Carbolic Acid as an Anæsthetic.

At a late meeting of the Medical Society of New York, reported in the New York *Medical Journal*, Dr. ANDREW H. SMITH, from the Committee on Intelligence, read a Report on Therapeutics, from which we extract the following:—

Dr. Bill, of the United States Army, and Dr. Squibb, have recently called attention to the action of carbolic acid as a local anæsthetic. As their papers have had a very general circulation, I will not give a synopsis of them, but merely state the results of some experiments that I have made upon my own person, which agree entirely with their experience.

In the first experiment I painted a spot on the forearm, about an inch in diameter, with carbolic acid of about the strength of 85 per cent. For about a minute there was a slight burning sensation, after which the integument became entirely insensible, the cuticle being whitened and shrivelled, and the spot slightly elevated. I then with a scalpel made an incision about half an inch in length through the whole thickness of the integument. This was done without even feeling the contact of the knife. The capillary circulation seemed not to be ma-

terially interfered with, as the blood flowed as freely as it would from a similar wound under ordinary circumstances. The reparative process was also not impaired, adhesion taking place immediately. Three hours after the application of the acid a needle could be thrust freely into the skin without causing pain.

In the second experiment carbolic acid was applied as before, and ten minutes after a fly-blister was placed upon the spot. The blister remained eight and a half hours without causing any pain, and without producing vesication.

In two instances I have applied the acid previous to incising a whitlow. The operation was almost painless; but as the whitlow was in each case of the superficial variety, the test was not entirely conclusive.

Inhaled in the form of spray, I have found the acid very useful in allaying irritation of the bronchial mucous membrane; coughs which have resisted all ordinary treatment have been immediately relieved, and in the course of two or three days entirely removed.

I would suggest the use of a strong solution of carbolic acid as a revulsive, in cases in which a continuous impression is desired. While causing but little suffering, it produces an intense hyperæmia of the skin, which persists for eight or ten days, and is followed by desquamation of the cuticle.

Tic Douloureux and Neuralgia.

HERTZKA, remarks the New York *Medical Journal*, believes he is making an important contribution to the pathology and treatment of nervous affections, by suggesting the causes leading to the differential diagnosis of the above-named affections, which, in most treatises on pathology, are completely identified, and which, nevertheless, are very different processes in the fifth pair of cerebral nerves. He herein merely reproduces the views of Professor Benedikt. The most important point in neuralgia is the kind and manner of the pain; the pain increases slowly, then remits slightly, later on becomes more severe, again remits a little, to increase again and entirely cease, or to continue in a milder degree. It further attacks entire nerves, and is rapidly and surely healed. In tic douloureux (Fothergill's facial pain), on the other hand, the pain is lancinating, increases rapidly, and sinks again rapidly; some single points only are attacked (Valleix's points douloureux), especially at the points of exit of the nerves out of the bones, and it is more rarely, and only gradually, cured. Both diseases are to be treated by the galvanic current, although in different ways. In tic the action is directed upon the trigeminus and the single painful points; in neuralgia, upon the vasomotor nerve centres, and the sympathetic ganglia in the neck, in order to produce a contraction of the vessels through the vascular nerves; and further, the current is passed as well along the head, cervical vertebræ, and forehead, as through the head at the cheek-bones.

Conservative Surgery in Minor Operations.

Dr. A. P. GRINNELL says, in the New York *Medical Journal:* — John Hunter believed that the surgeon who practiced amputation of any part of the human body acknowledged his ignorance or want of skill, for he should have possessed the knowledge or power of saving the whole, not destroying a part. It would, indeed, be gratifying to the surgeon who is called to amputate at the thigh for injury below the knee, if he possessed the ability of instituting a course of treatment which would result in perfect restoration of the whole limb. Conservative surgery has accomplished much in checking the wholesale destruction of diseased or injured parts, and taught the surgeon to wait, withhold the knife, and observe the power of Nature to effect a cure. Formerly, the universal treatment for inflammation of a joint was amputation above the affected part; now we know a limb is seldom, if ever, lost, even if the knee or ankle-joint has suffered severe injury. In proof of Nature's capability in effecting restoration of injured, even mutilated joints, I would cite two cases which have recently come under my observation.

Case I.—A lad, aged fourteen, of a vigorous, healthy constitution, received a severe wound on the right hand by a circular saw. Upon examination of the injury I found that the saw had entirely severed the third finger, with the exception of a little cuticle which held the end suspended between the first and second articulation, had disarticulated the first and second phalanges at the second joint, and, besides, injured the soft parts in different portions of the hand. My first thought was to finish the amputation of all dependent portions, but, upon reflection, I determined to afford Nature an opportunity of showing her skill in establishing a union of these lacerated tissues. The subsequent treatment involved much care and attention, but the result was sufficiently gratifying to reward the effort of preserving the whole hand. We have been taught that in all injuries of this character, where union has taken place, sensation was lost, and the power of motion considerably impaired; but in the above case bone united firmly with bone, tendon with tendon, nerve with nerve, and the circulation of blood was fully restored. Sensation is perfect beyond the point of injury; and, to have secured this result, nerve must have united with nerve, for the amputation of all sensitive portions was complete. The power of motion is also preserved, although not perfect in one finger, owing to anchylosis of a joint.

Case II.—This case resembles the former in all particulars, except that the instrument inflicting the injury was a scythe instead of a saw, and the seat of injury being the metacarpo-phalangeal articulation of the

thumb. All the flexor muscles of the thumb were severed, and the joint fully opened, allowing the disarticulated thumb to rest upon the wrist. The treatment consisted in bringing the thumb to its proper place, securing the cut edges by sutures, and protecting the whole from air by the application of isinglass-plaster. At the expiration of six days, on removing the dressings, I found the wound entirely healed, no inflammation having followed the injury, sensation and motion perfectly restored, and mobility of joint unimpaired. From the result in these cases, and others similarly treated, I am disposed to think we are justified in making the attempt, at least, to save every and all portions of the hand, however much it may have undergone mutilation. There has been no artificial device or apparatus, nor can there be one discovered, which could be substituted for any part of the human hand; and the surgeon confers a lasting benefit upon his patient by remembering this fact, and with patience, judicious treatment, and attention, the result will be a reward beyond his expectation.

Reviews and Book Notices.

NOTES ON BOOKS.

—Dr. Francis H. Brown (97 Waltham street, Boston) proposes to issue a "Register and Directory" for the cities of Boston, Cambridge, Charlestown, and Chelsea, for the especial use of the Medical and allied professions. It is intended that this work shall contain such information concerning Societies and Associations, Hospitals and Dispensaries, Charitable Asylums, Institutions, and Societies, Laws and Ordinances relating to professional men, the addresses and office hours of Physicians, Dentists, Pharmacists, etc., as is daily needed by every active member of either of the professions named. Price $1.50.

—Dr. Elam's new book, shortly to be published by the Osgoods, is entitled "Clinical Studies of the Brain," and is principally devoted to setting forth the symptoms and causes of what the author terms "Cerebria," but also discusses other inflammations of the brain.

—Lindsay & Blakiston have recently issued a new and neat catalogue of their publications, *apropos* of the Medical Convention in session here lately. They have in preparation a reprint of the sixth edition of Aitkins' "Science and Practice of Medicine," a work which has met with great success both in this country and in England. It is edited, with numerous additions, by Meredith Clymer, M. D., of New York.

—We have received:—

"Amnesic and Ataxic Aphasia with Agraphia and Temporary Right Hemiplegia, the Result of Embolism of the Left Middle Cerebral Artery, by T. M. B. Cross, M. D., etc.;" reprinted from the *American Practitioner* for April.

"Fifty-fifth Annual Report on the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason."

BOOK NOTICES.

Mortality of the United States (by States and Territories), with Distinction of Sex and Percentage of Deaths to Population at the Censuses of 1870, 1860, and 1850. Washington, 1872. Government Printing Office. 1 vol. 4to, pp. 423.

The discussion of the returns of the last Census are now going rapidly forward. The present tables are part of the volume on the Vital Statistics of the United States. Their value is derived from the fact that they distribute nearly half a million deaths according to disease, age, sex, nativity, race, color, and occupation, and month of death. The bearings of this subject will be fully discussed in the final publication.

These tables will be preceded in the full volume by remarks, and by comparative and percentage tables, and will be followed by the statistics (already in type) of the afflicted classes (the Blind, the Deaf and Dumb, the Insane, and the Idiotic), by the Birth-tables and the tables of Age and Sex for the living population.

We may confidently anticipate results of great value to State medicine by such statistical labors.

Report to the Surgeon General of the United States Army on the Minute Anatomy of Two Cases of Cancer. By Assistant Surgeon J. J. Woodward, U. S. Army. Washington, D. C., 1872. Pp. 10. Two Photographs.

The very careful examination to which these cases were submitted by Dr. Woodward was undertaken largely for the purpose of studying the genesis and nature of the nucleated or cell-cylinders so characteristic of these malignant growths. His results are not determinate, and he expresses himself as unwilling to commit himself warmly to the advocacy of any detailed views as to their origin. He considers it almost a certainty, however, that they are conditioned in their form and direction by the pre-existing lymphatic passages.

Such conscientious investigations and important conclusions reflect the highest credit on their author, and vouch for the high state of efficiency of the department in the scientific bureau over which he presides.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 15, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PATENTED MEDICAL COMPOUNDS.

From the weekly Patent Office reports which we have recently published at the request of some friends in this journal, it appears that about five or six medical compounds or surgical instruments are patented every week in the United States.

It is well known that in all cases the recipe of the compound, with a description of its purpose, and a sample, must be deposited in the Patent Office on application. This gives the public an opportunity to learn what patent medicines are; and we believe it will be of service to the profession to quote several formulæ which have been patented, to show the kind of preparations these amateur healers mostly fancy. We are enabled to do this chiefly by some recent searches in the records published in the *Druggists' Circular*.

Patents began to be issued in this country in 1790, and the first pills were patented in 1796. They were "anti-bilious," of course. But confining ourselves to preparations patented within the last ten years, the protection for which has not yet expired, let us see what they are like.

Here is one for a liniment, patented by EDWARD CONWAY, Dayton, Ohio, March 17, 1863:—

Tinct. camph,
Ammonia,
Tinct. opii,
Tinct. orris root, aa 1 part;
Tinct. white oak bark,
Tinct. cedar bark,
Fourth-proof brandy,
85° above proof whisky, aa ½ part.
Mix and distill!!

The following is a "rheumatic liniment" claimed by LOUISA E. ANDERSON, St. Louis, Nov. 17, 1863:—

1 dozen eggs,
1 dozen garden peppers,
1 pint mustard-seed,
1 roll brimstone,
℥ij camphor.

Enclose in a suitable vessel, and roast before a slow fire until dissolved; add, while cooling—

Oil turpentine,	½ pint.
Laudanum,	℥ij.

The following is supposed to be a sovereign remedy for the piles; it was patented by WILL. CARR, Maine, May 12, 1863:—

Decoct. of fir bark,
add 5 tablespoonfuls of powd. hard wood charcoal,
2 teaspoonfuls powd. resin,
1 grated nutmeg,
Mix. Drink. (Query: all at once?)

The next is, we suppose, intended for typhoid fever. It is called an "Improved Anti-typhous Remedy," patented by J. P. PERTIG, St. Louis, Sept. 8, 1863:—

Julap. camphor,	℥ij.
Camphor,	gr. xij.
Aqua,	℥ij.
Mucilage, alcolol and syr.,	q. s.
Muriatic acid,	℥j.
Acet. ether,	℥ij. M.

Croup is to lose all its terrors by the use of the following mixture patented by CALEB SANBORN, Maine, 34,905. April 8, 1862:—

Tincture of lobelia,
" scutellar,
Molasses.

For the general treatment of "looseness

of the bowels" we are supplied with this "Astringent Medicine," by F. W. FERRIS, Macon, Miss., 30,396. Oct. 16. 1860:—

I. Pulv. cort. pruni virg,		
" " popul,	aa	℥iss.
Sacchar. alb.,		
Brandy or alcohol,	aa	℥viij.
Water,	q. s.	M.

No better argument for the view that all secret nostrums should be by law patented can be advanced than the perusal of these formulæ. These are the vile preparations which are put up in boxes and bottles with gaudy wrappers and vended over the counters of country stores and second-rate drug shops. The ignorance they display, the utter want of either medical or pharmaceutical skill, would soon become apparent to the intelligent press of the land, and their worthlessness quickly be recognized.

Some of the instruments for medical purposes which have been patented are also curious. Several have been patented for the purpose of preventing conception (!) the first as far back as 1846, by J. B. BEERS. But one of the most singular is "a Trap for the Tapeworm," letters on which were actually granted, Nov. 14, 1854, to Dr. ALPHEUS MYERS, of Logansport, Indiana. It is thus described:—

Trap of gold, one inch long by ¼ inch diameter, a hollow tube in three pieces, having holes and other contrivances. After the patient has fasted from two to six days, the trap baited for the worm is swallowed, the end of a cord attached being returned from the mouth. The worm, in reaching the bait through a hole, is to get his head caught by teeth, when trap and worm are withdrawn together.

If the worm is not caught in twelve hours, the trap is brought up and baited anew.

There are hair restoratives and cosmetics innumerable. Here is one of the former; letters issued to JAMES LOUCKS, January 5, 1864:—

Olive oil,	
Tinct. lobel. inflat.,	
" cypriped pubesc.,	
" agrimon. eupat.	

On what principle patents are granted for such compounds we are unaware, certainly not on that of an investigation of their merits. While so many are applied for successfully, however, it is well to let the profession know what their general character is. So far from restricting such patents, our true interests are to insist on all secret preparations being patented, and then go to work to show their worthlessness.

NOTES AND COMMENTS.

Letters About Cundurango.

Prof. E. ANDREWS publishes in the Chicago *Medical Examiner* some letters from South American surgeons on cundurango, and its medicinal qualities.

To sum up the result, it appears that the profession in Ecuador have confidence in cundurango, more especially in syphilis; but it is very doubtful whether the fluid extracts retailed to us are properly made from the genuine drug. One of the letters is from Dr. Augustin Ruiz, of Loja. This town, Loja, is the capital of a province of the same name in the heart of the Andes, and is in the region where the cundurango grows, and where its qualities were first experimented on. Dr. Ruiz offers to sell the article, delivered in New York, at two dollars a pound, when Bliss & Keene were doling it out at forty dollars a pound. It is also noticed that the old Indian in Loja who first took it, and is reported by Dr. Bliss to have been thereby cured of cancer, is stated by Dr. Ruiz to have had nothing but tertiary syphilis; and, further, that he is not aware that cundurango possesses any power to cure cancer. He is, however, like the other medical gentleman of Ecuador, strongly impressed with its anti-syphilitic power.

How to make Koumiss.

Dr. TOWNSEND (Cork) says that koumiss was used by his father many years since in the treatment of phthisis. The following is the manner in which he prepared it, and it answered well:—

Take one quart of new milk, one noggin of good thick milk or fresh buttermilk, and three or four lumps of white sugar. Mix all together from jug to jug till the sugar is quite dissolved. Put it in a warm place to

stand for ten hours. It will then be quite thick. Pour it again from jug to jug till it is smooth. Bottle it in soda-water bottles; let it remain in a warm place for thirty-six hours (twenty-four in summer). Use the best velvet corks; tie them down; shake the bottle well for five or six minutes before it is opened. It will have whey at the bottom when fit for use. It is to be made every day, and taken in quantities. Its fermentation is the test of its excellence.

Medical Greek.

A correspondent of the *Athenæum* humorously criticises the medical Greek which it is now the fashion to introduce into the nomenclature of disease. He instances the word *dipsomania*, the addition of which, as he remarks, was about the only one point on which the doctors did not disagree during the recent controversy on the use and abuse of alcohol. *Dipsomania*, if it means anything at all, means "a mania for being thirsty," and not what the doctors understand by it, but just the reverse. The critic suggests that *potomania* would suit the purpose better. Besides being decent Greek, and meaning what it says, this word would have the advantage of a peculiar significance for the purely British ear. There is another barbarous word now in vogue, for which we are probably indebted to "the faculty," namely, *cleptomania*. According to all analogy (*clepsydra*, etc.) this ought to be *clepsimania*. There exists a Greek word, *κλεψιτοσεῖν*, "to drink unfairly," *i. e.*, "to take backhanders"—a form of "dipsomania" which the doctors have not yet discussed.

Saved from the Fire.

So long as fatal accidents from the ignition of ball and ballet dresses and the like continue to occur, we think a duty to recall from time to time the available means for preventing the dreadful accidents and loss of life, of which a long and ever increasing series is recorded, occasioned by the ignition of the inflammable fabrics used as ladies' wearing apparel. In a recent number of the *Annalen der Chimie*, A. Patera reviews the various substances which have been proposed to be added to the starch or dressing used in making up the readily inflammable fabrics so as to prevent, if not altogether the combustion of the same when taking fire, the fabrics bursting into flame. While highly approving the use of tungstate of soda, the author yet thinks that there may be substituted for it a cheaper material, viz., a mixture of four parts of borax and three parts of sulphate of magnesia. These salts are mixed together just before being required (otherwise insoluble borate of magnesia is formed too early), and then dissolved in from twenty to thirty parts of warm water, in which the fabrics are to be immersed, next wrung out, and then dried. A mixture of sulphate of ammonia and gypsum may be used for coarse fabrics.

Medical Education of Women.

Sir STIRLING MAXWELL recently remarked that "he was in favor of teaching women all that they desired to learn, and of opening to them the doors of the highest oral instruction as wide as the doors of book-learning. As to medical education, he said that so long as women would minister to their sick children and husbands, he must hear some argument more convincing than he had yet heard why they were to be debarred from learning the scientific grounds of the art of which they were often the empirical practitioners, or the docile and intelligent instruments."

Influence of Quinine on the Self-oxidation of the Blood.

SCHULTZE (*Centralblatt fur die Med. Wissensch.*, No. 46, 1871) has investigated the influence of quinine on the *post mortem* formation of acid in the blood described by Zuntz. He finds that the slow acidification of defibrinated blood, as well as the marked formation of acidity which precedes coagulation, is hindered by quinine. This would seem to point to the fact that quinine acts directly on tissue-metamorphosis quite apart from any influence of the nervous system.

The Discovery of Citric Acid.

Harper's Magazine tells this pathetic story:—

There is still standing, close by Temple Bar, in London, an old chemist's shop. The proprietor of it in days gone by enjoyed the monopoly of making citric acid. More favorably circumstanced than other secret manufacturers, his was a process that required no assistance. He employed no workmen. Experts came to sample and assort and bottle his products. They never entered the laboratory. The mystic operations by which he grew rich were confined

to himself. One day, having locked the doors and blinded the windows, sure as usual of the safety of his secret, our chemist went home to dinner. A chimney sweep, or a boy disguised as such, wide awake in chemistry, was on the watch. Following the secret-keeper so far on his way toward Charing Cross as to be sure he would not return that day, the sooty philosopher hied rapidly back to Temple Bar, ascended the low building, dropped down the flue, saw all he wanted, and returned, carrying with him the mystery of making citric acid. The monopoly of the inventor was gone. A few months after the price of the article was reduced four-fifths. The poor man was heart-broken, and died shortly afterward, ignorant of the trick by which he had been victimized. Like Miss Tabitha Bramble, when informed that the thunder had spoiled two barrels of beer in her cellar, he might have said, "How the thunder should get there, when the cellar was double-locked, I can't comprehend."

The Importance of Clean Bottles.

Mr. F. J. Bailey, L. R. C. P., reports a singular case of poisoning in the *British Medical Journal*. A child a fortnight old was ordered dill-water. This, when obtained, was put into a bottle which had previously contained nepenthe. A label was on the bottle with that name. The bottle was empty, whatever nepenthe there had been in it having dried up, and left a deposit of opium on the sides and bottom. The dill-water dissolved the opium; and, upon analysis by Dr. Campbell Brown, was found to contain morphia and meconic acid, in a proportion equal to about 2 per cent. of opium, a teaspoonful being equal to about twenty-four drops of laudanum. A teaspoonful was given to the infant about 11 P. M.; he died about 4 P. M. the next day. He fell asleep immediately upon the dose being given. His breathing was noticed to change about one hour afterwards. Convulsions and narcotism came on.

Women's Claims.

The *Boston Transcript* says:—

Miss Kate Field is right in thinking that women, as well as men, should be heard at public dinners. If anything can give an added grace to occasions of the kind, it is the presence and the voice of women. And the occasion of all others on which to make the innovation is the one she chose—of a festival of the London Hospital for the treatment of the throat.

Change of Printing.

The change of our printing to a new establishment has caused considerable irregularity and delay the past two or three weeks. The result of the change, however, we confidently expect will be greater regularity of issue, and especially less to complain of on the score of typographical errors.

To Destroy Garden Pests.

A Mr. Higgins, of Montreal, Canada, recommends for this purpose the following method and means:—Mix or infuse in three gallons of hot water one pound of *black hellebore*, and add afterwards ten pails of cold water. Syringe or wash the trees or bushes with the infusion, and the destructive effects will be immediate and complete.

Local Anæsthesia.

Local anæsthesia by sulphate of morphia before surgical operations hypodermically or upon wounds, gains much attention. Dr. Spessa uses a solution of about one grain to the drachm of water.

CORRESPONDENCE.

DOMESTIC.

Ice Treatment in Inflammation of the Tongue, Mouth and Throat.

EDS. MED. AND SURG. REPORTER:

I was called to see Clara W. on the evening of May 18th. Found her suffering greatly from a sudden attack of inflammation involving the tongue, mouth and throat. She was not able to swallow anything; not even cold water. The tongue swollen so as nearly to fill the mouth. She was not able to talk so as to be understood; jaws stiff and swollen; scarcely able to open her mouth sufficient to admit a very small piece of ice. Rapid pulse; high fever; pain in her back, limbs and head. This condition of the patient came on rapidly during the day. She had felt very little soreness in the morning.

Being favorably impressed with your frequent contributor, Dr. HIRAM CORSON, and his ice treatment in scarlet fever, measles, diphtheria, etc., and having treated a case prior to this of rapidly swollen tongue and mouth with ice, my first thought on seeing the patient was ice; I had a lump broken in small pieces, and commenced putting them in her mouth piece after piece as fast as practicable; I also applied a towel wrung out of ice-water around her neck.

The condition of the patient soon changed; the skin became cool, pain and dryness in the throat subsided. In the course of two hours she could talk so as to be understood, and stated that she felt much better.

May 19th, morning. Found the patient much better; throat but little sore; could swallow with but little pain. Throat a little sensitive on pressure; jaws more relaxed, but the tongue still very thick. On examin-

ing it I found no inflammation, but a soft sponginess of the texture. It could be pressed with the handle of a spoon to nearly its normal size. I prescribed an astringent wash for the tongue, and continued the ice.

May 20th, morning. Patient convalescent, without any mark of the disease except a slight sponginess of the tongue.

I attribute the rapid recovery of the patient to the ice treatment, believing that any other remedy would have failed, and that in absence of the ice the patient would soon have been in a precarious condition on account of the rapid swelling ultimately closing the throat. What remedy could have been used with success in absence of the ice? She could not swallow medicine of any kind, not even use them as a gargle. What other remedy could have been used to stop the rapid and dangerous swelling? Would blood-letting have availed, either local or general? A. S. HARSHBERGER, M. D.

Milroy, Pa.

Shall we Attend the Families of Clergymen Gratuitously?

EDS. MED. AND SURG. REPORTER:

In the MEDICAL AND SURGICAL REPORTER for May 18, 1872, is a communication from Dr. HURD, of Massachusetts, touching the gratuitous attendance of clergymen and their families by medical men. The question is a delicate one, and which it is perhaps better to leave to individual discretion and feeling than to attempt to lay down any rule for the guidance of physicians. If, however, you will allow me through your widely circulated and justly popular journal respectfully to answer the doctor in a few words, I will endeavor to do so.

Dr. PERCIVAL, who is admitted as high authority, and whose treatise on Medical Ethics has been the standard work on the subject for three quarters of a century, both in England and in this country, says:—"Clergymen, who experience the *res angusta domi*, should be visited gratuitously by the faculty. And this exemption should be an acknowledged general rule, that the feeling of individual obligation may be rendered less oppressive. But such of the clergy as are qualified, either from their stipends or fortunes, to make a reasonable remuneration for medical attendance, are not more privileged than any other order of patients. Military or naval subaltern officers in narrow circumstances are also proper objects of professional liberality."

The following paragraph from the Code of Ethics of the College of Physicians of Philadelphia is so admirable and apposite that I cannot refrain from giving it a place here. It reads thus: "There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood and certain public duties, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public, or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession nor occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded."

The foregoing extracts comprise, I think, all that need be said on this topic, and, indeed, so far as my experience goes, the majority of clergymen do not claim, on account of their profession, gratuitous medical advice. Many, in fact, object to employing a physician without making him some compensation proportioned to their ability, and often much smaller than their gratitude would dictate.

It is painful to admit another proposition in Dr. H's. note, but I fear that it cannot be wholly denied. I refer to the idea that to be the physician of the pastor's family is a passport to the patronage of the congregation, and that the pastor is expected to use his influence in return for cheap doctoring. Such motives are very contemptible, and unworthy of a high-minded and dignified physician, who should trust (how fallacious is often his trust) to his own talents and medical knowledge for success in his career, which should be based on the solid foundation of information and profound acquaintance with the principles of his profession, and not on the ephemeral support of any class or order of society.

Still more degrading, and I blush to be

obliged to acknowledge that it does exist, is the custom of some (I hope but few) doctors of having their praises sounded, and their wonderful cures trumpeted far and wide by some ancient nurse or venerable crone of the same stamp. 'Tis true, 'tis pity: and pity 'tis, 'tis true. O, reform it altogether.

I must beg leave to differ from the closing paragraph of Dr. HURD'S communication, in which he recommends the presentation of an account, receipted or not, as the physician deems proper. Such a course, methinks, takes away from the pleasure and self-gratification we feel in having rendered a kind service gratuitously to a worthy and deserving person, and makes him feel uncomfortable under the weight of an obligation which he has not the ability, though he may have the entire good will, to discharge.

Portia's definition of mercy is equally applicable to charity;—

"The quality of charity is not strained;
It droppeth as the gentle dew from heaven
Upon the place beneath; it is twice blessed;
It blesseth him that gives, and him that takes."

T. S. B.

Germantown, Philada., June 3, 1872.

The Wells Testimonial and the American Medical Association.

EDS. MED. AND SURG. REPORTER:—

I have just read, by mere accident, and with a good deal of surprise, a note in your journal of May 25th, by a disappointed mover of a resolution at the recent meeting of the American Medical Association, in which he publishes a fancied grievance at the general expense of the Committee of Arrangements; and I am induced to answer it only by the peculiarly indirect manner of the attack, and by the inaccurate impression which it is likely to convey through its author's own mistake.

He charges that "such" of the Committee "as 'cordially approved' this action forgot, for the moment, not only courtesy but justice." The "action" alluded to *was a* motion to lay upon the table a resolution "reaffirming the resolution of 1870 by this Association, recognizing Horace Wells as the discoverer of the practical application of anæsthesia to surgical purposes," and proposing further to "hereby acknowledge the good will and sense of justice evinced by Sir James R. Simpson and others, in England, towards an American discovery, which led to the originating in England of the 'Horace Wells Testimonial Fund;' and we cordially recommend a movement in this country having the same object in view." In regard to this matter I have no desire to discuss this exceedingly mixed up and probably defunct resolution, or to engage in the old dispute, which, if entertained at all, it would have been sure to open up at a most unreasonable time and in a body which could not possibly determine it; nor am I disposed to occupy your space in advocating an opinion as to the right or wrong involved in an affirmative vote on either of the three propositions involved in its adoption. Neither would I have thought it worth while, under ordinary circumstances, to protest, as a member of the Association, against all such complicated and questionable resolutions, whether personal, semi-personal, or general, when offered at the fourth meeting of the session. As Chairman of the Committee of Arrangements I was bound to consider it entirely out of order, not only as complicated and involving disputed points, but as personal in character and view, how ever plausible in object.

My reason for this note, however, is particularly to state that no member of the Committee of Arrangements perpetrated the absurdity of "cordially approving" the motion to lay upon the table, which has so annoyed the mover of the resolution thus deservedly extinguished. It is not likely that any member of that committee, interested and more or less responsible as it was for the good order and conduct of the proceedings, would have cordially approved of the discussion or adoption of the resolution as presented. My own views upon the general question are so decided, as well as upon the question of order, that I would have moved either the postponement of the resolution or its reference to the Committee on Ethics, where it might have received a much needed modification, and where it properly belonged, if Dr. BOWDITCH had not very naturally uttered his "protest" against it. After this I would have said nothing if the Secretary had not previously announced the resolution as presented by "Dr. HARTSHORNE," *no first name being mentioned;* nothing, at least until it had become evident that the resolution was to be considered or voted on. Being unwilling, however, to submit to the imputation of favoring such a resolution, in any shape, at such a time, and especially as chairman of the Committee of Arrangements, I im-

mediately followed Dr. BOWDITCH (before I was aware of his having made any motion beyond the "protest) with the words, "I am entirely in accord with the gentleman from Massachusetts;" and did so under a sense of disagreeable necessity that was anything but cordial. Of course, therefore, I decline to accord with the complainant and his sympathizers in the view expressed as to want of courtesy and justice; being much more inclined, were it worth while, to return the compliment, at least so far as the background engineers may be concerned, in the foisting of the resolution.

Nor can I regard Dr. BOWDITCH as liable to just complaint for what he was advised to do, and did, in putting it down. He was really "in duty bound," as an original witness—not partisan—to test the feeling of the meeting in the most prompt and decided manner. If the resolution needed any explanation, that should (and would more wisely) have been given as an introduction. It needed none, however, as it spoke only too much for itself.

Any "movement" in favor of a testimonial fund alone, properly introduced at an earlier period of the session, and unhampered with such an attempt to clinch and use the former "hasty legislation" of a much smaller meeting, and to employ the Simpson, etc., capital, might have met with different treatment. Reference, in good time, to the Committee on Ethics might have saved it; and thus have saved the Association, and "such of the committee," etc.! I, certainly, would not have opposed any such movement thus unburdened, even at the risk of appearing as its mover; nor do I believe that any one would have objected to it. Although the Association may readily, and of course appropriately, encourage the formation of such a fund, there is great doubt of its power to settle the question of the "honor of the practical discovery" or of the practical introduction of "anæsthesia," still more of the "discovery of the practical application of anæsthesia to surgical purposes." We may all argue as to who was the original observer in America of the anæsthetic influence of nitrous oxide gas inhalation, and the original suggester of its application to the suppression of pain for surgical purposes. Beyond this, in regard to the "discovery," invention or effective application of the idea as established in the subsequent and *original* practical employment of ether, chloroform, *nitrous oxide gas*, and other anæsthetics, there is, and must continue to be, a very decidedly different opinion among those who know quite as much about the subject as the projector and mover of the resolutions passed at the meeting for 1870 and presented at the meeting for 1872.

Nor are those persons who are convinced of the difference in favor of the establisher of a practice by the discovery of its effective application over the mere suggester and unsuccessful attempter of it, likely to change that opinion under a hasty expression by the Association, brought in under the form of a declaratory resolution at the close of a session. No one meeting of the Association, as we all know, or ought to know, can dictate, in these matters of belief, to any other meeting, or to any of its members as such; but we cannot forget that neither meetings nor members can escape the responsibility in which what may appear to be deliberate action, because formal, and hence passing for authoritative, no matter how quietly and briefly rendered, may involve them before the public and the profession generally, as well as with the average membership.

Is it likely, then, that any personal interest, whether "in memory" or not, on any side, can be advanced by an out-of-court attempt to scold about the recent failure to interest and involve the Association a second time, and to throw the responsibility for this upon those who merely did their duty, and were so sustained? Hobby-riding and axe-grinding must come, like all other offences. That they may not be the death of the Association let us ever hope and pray.

Respectfully,
EDWARD HARTSHORNE.

NEWS AND MISCELLANY.

Examination into Quarantine Regulations.

Under the provisions of a recent act of Congress providing for a thorough inspection of the Quarantines on the Atlantic and Gulf Coast, Assistant Surgeon HARVEY E. BROWN, United States Army, has been detailed by the War Department to visit each port liable to incursions of yellow fever, and to confer with the authorities thereof, and to ascertain all information possible, so as to make a detailed report to the Surgeon-General before the next meeting of Congress,

looking toward the establishment of a uniform system of quarantine throughout the United States, under the direction of the General Government.

—President GRANT has appointed Hon. WM. BARNES, of Albany, one of the three American delegates to the International Statistical Congress, which is to assemble at St. Petersburg in August. His associates are EDWARD YOUNG, the able chief of the National Bureau of Statistics, and Dr. E. M. SNOW, of Providence, a scholar and statistician of fine reputation, whose name is very familiar to our readers.

The University of Pennsylvania.

The University of Pennsylvania has issued a handsome pamphlet containing a special announcement of the organization and courses of study of the new Department of Science to be opened in September, 1872, in the new University Buildings in West Philadelphia. The pamphlet gives a handsome steel plate engraving of the new buildings.

Honors to Prof. S. D. Gross.

This eminent surgeon has received the high honor of the degree of D. C. L. from the venerable University of Oxford. We believe that no other Americans have received this degree except Bancroft and Motley. In selecting Prof. GROSS as another recipient the University has made a most fitting choice.

The Jefferson Medical College.

We are informed that a large endowment fund is being raised in a most spirited manner for the new College and Hospital Buildings for the Jefferson Medical College, and that a large legislative appropriation is expected.

Patents Issued.

List of patents, medical and surgical, issued from the United States Patent Office to inventors, furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:—

Compound for Dental Purposes—Volney Smith, Schenectady, N. Y.

Dental Drill—John J. Ross, Memphis, Tennessee.

—Dr. William H. Pitcher, an eminent physician of Hudson, N. Y., died May 31, from the effects of poison introduced into his system while performing a post-mortem examination on a subject who had died from erysipelas a few days previous.

New Medical College.

A medical college has been organized at Wilmington, North Carolina, under the title of the College of Physicians and Surgeons. Dr. J. FRANCIS KING is President, Dr. WM. WALTER LANE, Dean. The announcement states:—

"This new medical enterprise originated from existing necessities for medical education in North Carolina. This want, regarded as an obstacle to professional improvement in our State, the Faculty are determined to supply to the best of their abilities. To this end they have established a college in Wilmington, so justly noted for its social attractions, enterprising spirit, commercial growth, prosperity and wealth, its ease and facility of access by water and land from all parts of the country, its resources for clinical instruction, as well as its rapid increase in size and population over any city in the State. They are in possession of an appropriate building, just erected in the heart of the city, especially adapted to the purposes of a medical college." There will be both a winter and summer course, each with clinical facilities.

The Fulton County, Ohio, Medical Society.

The fifth annual session of the Fulton County Medical Association was held in Wauseon, Ohio, May 31st, 1872.

The meeting was called to order by Dr. S. P. BISHOP, President. The minutes of the previous meeting were read and approved.

Members present: Drs. Jewell, Bennett, Bishop, Scott, Jones, Rorick and Robison.

Dr. Bishop, our delegate to the American Medical Association, presented his report to the Society, which was interesting and instructive.

After this the following officers were duly elected for the ensuing year:—

President, Dr. D. W. Hollister; Vice President, Dr. S. Robison; Secretary, Dr. Philo Jones; Treasurer, Dr. Bishop.

After receiving the report of quite a number of very interesting cases and discussing them at some length, the Society adjourned to meet on the last Friday in June, 1872.

S. ROBISON, M. D., *Sec'y.*

Sound Legislation about Quacks.

Eastern and Central Pennsylvania will in future be a good place for vagabond quacks to avoid. Some recent legislation will, if enforced, as we trust it will be, prove unhealthy for them.

The following is the law relative to the practice of medicine in this region, which we publish for the benefit of those who may be violating its provisions:—

SEC. 2. It shall be unlawful for any person to commence the practice of medicine or surgery in the counties of Dauphin, Chester, Carbon, Luzerne, Mercer, Erie, Blair, Bradford, Sullivan, Crawford, Beaver, Monroe, Washington, Venango, Lycoming, Huntingdon, Schuylkill, Lawrence, Somer-

set, Philadelphia, York, Union, and Adams, who has not graduated with the degree of doctor of medicine, and received a diploma from a chartered medical school or other institution authorized to grant medical diplomas: *Provided*, That the provisions of this section shall not apply to persons who have been ten years in continuous regular practice in said counties, though they may not have graduated as aforesaid, nor to persons who are reading medicine under the control and instruction of a physician or surgeon who has the qualification to practice prescribed by this section, when such persons shall have the assent of such preceptor to practice: *Provided, however*, That such student shall not locate any office or business station outside the usual office of his preceptor.

SEC. 3. Any person who shall attempt to practice medicine or surgery, by opening a transient office in the aforesaid counties, or who shall, by handbill or other form of written or printed advertisement, assign such transient office, or other place, to meet persons seeking medical or surgical advice or prescription, shall, before being allowed to practice as aforesaid, appear before the clerk of the courts of the county, and shall furnish satisfactory evidence to such clerk of the courts that the provisions of Section 1 of this act have been complied with, and shall, in addition, take out a license for one year, by payment of a license fee, for the use of the county, of two hundred dollars: *Provided*, That the provisions of this act shall not apply to dentists: *And provided further*, That physicians or surgeons commencing practice in any of the aforesaid counties, with the intention of remaining permanently therein, shall not be subject to the provisions of Section 1 of this act.

SEC. 4. If any person shall violate any of the provisions of this act, every such person shall be guilty of a misdemeanor, and on conviction thereof shall be fined in a sum not exceeding five hundred dollars, or less than two hundred dollars, or imprisoned not exceeding six months, at the discretion of the court.

An Excellent Laxative.

Practitioners often want a mild yet efficient laxative. The "Compound Liquorice Powder" is highly recommended for this purpose by Dr. DAVID PAGE, of Edinburgh, in a late number of the London *Practitioner*. He remarks:—For the treatment of simple constipation resulting from atony of the bowel, the compound liquorice powder is admirably adapted. Whether in simple uncomplicated torpor of the intestines, or in constipation accompanying temporary gastric disorder, the powder alone or auxiliary to appropriate remedies, is preferable to other preparations of its class. In the former our object is rather to call into play the peristaltic action of the intestine than to deplete by serous transudation from its walls, and, in the latter especially, no prudent practitioner would run the risk of aggravating the disordered stomach by the exhibition of purgatives possessed of irritant or drastic properties. The compound liquorice powder is composed of the following constituents, so prepared as to form when incorporated an almost impalpable powder: Senna leaves, ℥vj; liquorice root, ℥vj; fennel seeds, ℥iij; sulphur, ℥iij; refined sugar, ℥xviij.

The active ingredients are sulphur and senna. The action of the former, when administered alone, is frequently accompanied by tormina, and the continued use is apt to cause derangement of the mucous membrane of the upper intestine. The physiological action of sulphur appears to be upon the muscular coat, and less upon the mucous surface, while senna is a more active purgative, more apt to excite tormina, and acts more upon the mucous than the muscular coat. By the aromatic and stimulant properties of the fennel, and the demulcent action of the liquorice, itself a mild laxative, the effects of the more active constituents are judiciously modified.

The usual dose is a small teaspoonful at bed-time in water, with which it is easily mixable, forming an agreeable draught. Children, to whom Gregory's powder is a terror, readily take it with a belief that it is a sweetmeat.

Absent.

Prof. D. HAYES AGNEW, of the University of Pennsylvania, will be absent in Europe until September next.

MARRIAGES.

BARRETT—NICHOLS.—At the residence of the bride's parents, at Clark's Green, Pennsylvania, June 4, 1872, by Rev. O. M. Martin, Horace F. Barrett, of Schultzville, Pennsylvania, and Miss Jennie E., daughter of Hiram Nichols, M. D.

BARTLETT—POST.—In New York, June 4, 1872, at Trinity Chapel, by Rev. Dr. Conrad, Franklin Bartlett and Bertha King, eldest daughter of the late Dr. Minturn Post.

HOPKINS—GARRETTSON.—At Wilkesbarre, Pennsylvania, April 21, by Rev. Albert Wyatt, E. B. Hopkins, M. D., and Mrs. Sarah W. Garrettson, all of Wilkesbarre.

MURSICK—WASHBURNE.—May 30, at the residence of the bride's parents, Pleasantville, New York, by Rev. J. C. Washburne, assisted by Rev. Mr. Haviland, George A. Mursick, M. D., and Julia Washburne.

NANCREDE—DUNNINGTON.—At Baltimore, Md., on the 3d inst., by the Rev. Dr. Brantley, assisted by the Rev. Dr. Fuller, Charles B. Nancrede, M. D., of Philadelphia, and Alice Howard, daughter of the late Frank Dunnington, of Baltimore.

DEATHS.

HALL.—In Philadelphia, May 23, Dr. Lewis A. Hall, in the 78th year of his age.

HEWETT.—May 31, Fannie E. Hewett, daughter of the late Dr. J. G. Hewett, in the 21st year of her age.

LATTA.—May 29th, near Parkesburg, Pa., Dr. W. S. Latta, son of the late Rev. James Latta.

LINTON.—At Newtown, Bucks county, Pa., May 23, Dr. Morris P. Linton.

THACHER.—At his residence, in Brockport, N. Y., May 18, 1872, Ralph Thacher, M. D., in the 76th year of his age.

WOODWORTH.—Suddenly, at Bethel, Vermont, supposed of heart disease, May 21st, Dr. James M. Woodworth, in the 63d year of his age.